

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL US

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To mailed 9-14-1

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Comcast
One Comcast Center
Philadelphia, PA 19103

2. Article Number

(Transfer from service label)

7010 1870 0001 6391 2718

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

To: Comcast

One Comcast Center

Philadelphia, PA 19103

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640

Call Sign: WPCT

Name of Contact Person at Station: Jud Colley

Station Address for Receipt of Official Correspondence: P. O. Box 9556

Panama City, FL 32417

Stations Community of License: Panama City Beach, FL

Station's DMA Assignment: Panama City, Florida

*Carriage Election:

Must Carry X

Retransmission Consent _____

By:

President

*A copy of this Notification is being placed in the station's public inspection file.